

## GIC Health Plan Rates

### MONTHLY RATES AS OF JULY 1, 2015 FOR THE TOWN OF ARLINGTON ENROLLEES

INCLUDING THE 0.40% ADMINISTRATIVE FEE

#### Active Employees and Retirees without Medicare (Includes Public Safety-Police/Fire)

	Employee and Non-Medicare Retiree Pays Monthly %	Employee and Non-Medicare Retiree Pays Monthly \$	Employee and Non-Medicare Retiree Pays Monthly \$
Health Plan		Individual Coverage	Family Coverage
Fallon Health Direct Care	15%	73.93	177.44
Fallon Health Select Care	15%	98.25	235.79
Harvard Pilgrim Independence Plan	20%	149.88	365.70
Harvard Pilgrim Primary Choice Plan	15%	89.93	219.42
Health New England	15%	74.13	183.77
NHP Prime (Neighborhood Health Plan)	15%	70.61	187.10
Tufts Health Plan Navigator	20%	131.85	321.92
Tufts Health Plan Spirit	15%	75.21	181.18
UniCare State Indemnity Plan/Basic with <i>CIC (Comprehensive)</i>	25%	243.66	570.43
UniCare State Indemnity Plan/Basic without <i>CIC (Non-Comprehensive)</i>	25%	233.08	545.89
UniCare State Indemnity Plan/Community Choice	20%	94.46	227.26
UniCare State Indemnity Plan/PLUS	20%	131.13	313.38

#### Retirees with Medicare

	Retiree Retiree Pays Monthly Per Person	
Health Plan	%	\$
Fallon Senior Plan	15%	45.32
Harvard Pilgrim Medicare Enhance	25%	98.06
Health New England MedPlus	15%	54.14
Tufts Health Plan Medicare Complement	15%	53.09
Tufts Health Plan Medicare Preferred*	15%	41.34
UniCare State Indemnity Plan/Medicare Extension (OME) with <i>CIC (Comprehensive)</i>	25%	101.00
UniCare State Indemnity Plan/Medicare Extension (OME) without <i>CIC (Non-Comprehensive)</i>	25%	98.37

*Rates are calculated by the Town of Arlington Human Resources Department*

**RATE QUESTIONS?  
CALL: 781-316-3120**

## GIC Health Plan Rates

**MONTHLY RATES AS OF JULY 1, 2015**  
**FOR THE TOWN OF ARLINGTON ENROLLEES HIRED *on or after* 12/1/11**

**INCLUDING THE 0.40% ADMINISTRATIVE FEE**

**Active Employees and Retirees without Medicare**  
**(Includes Public Safety-Police/Fire)**

	Employee and Non-Medicare Retiree Pays Monthly %	Employee and Non-Medicare Retiree Pays Monthly \$	Employee and Non-Medicare Retiree Pays Monthly \$
Health Plan		Individual Coverage	Family Coverage
Fallon Health Direct Care	25%	123.22	295.74
Fallon Health Select Care	25%	163.75	392.98
Harvard Pilgrim Independence Plan	25%	187.35	457.12
Harvard Pilgrim Primary Choice Plan	25%	149.88	365.70
Health New England	25%	123.54	306.29
NHP Prime (Neighborhood Health Plan)	25%	117.68	311.84
Tufts Health Plan Navigator	25%	164.81	402.40
Tufts Health Plan Spirit	25%	125.35	301.96
UniCare State Indemnity Plan/Basic <i>with</i> CIC ( <i>Comprehensive</i> )	25%	243.66	570.43
UniCare State Indemnity Plan/Basic <i>without</i> CIC ( <i>Non-Comprehensive</i> )	25%	233.08	545.89
UniCare State Indemnity Plan/Community Choice	25%	118.07	284.07
UniCare State Indemnity Plan/PLUS	25%	163.91	391.73

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### MONTHLY RATES AS OF JULY 1, 2015 FOR THE TOWN OF ARLINGTON ENROLLEES

INCLUDING THE 0.40% ADMINISTRATIVE FEE

#### Survivors without Medicare

	Survivor Pays Monthly %	Survivor Pays Monthly \$	Survivor Pays Monthly \$
Health Plan		Individual Coverage	Family Coverage
Fallon Health Direct Care	50%	246.45	591.48
Fallon Health Select Care	50%	327.49	785.96
Harvard Pilgrim Independence Plan	50%	374.70	914.25
Harvard Pilgrim Primary Choice Plan	50%	299.76	731.40
Health New England	50%	247.09	612.57
NHP Prime (Neighborhood Health Plan)	50%	235.36	623.68
Tufts Health Plan Navigator	50%	329.63	804.80
Tufts Health Plan Spirit	50%	250.70	603.93
UniCare State Indemnity Plan/Basic <i>with</i> CIC (Comprehensive)	50%	487.33	1,140.86
UniCare State Indemnity Plan/Basic <i>without</i> CIC (Non-Comprehensive)	50%	466.16	1,091.78
UniCare State Indemnity Plan/Community Choice	50%	236.15	568.15
UniCare State Indemnity Plan/PLUS	50%	327.82	783.46

#### Survivors with Medicare

	Survivor Survivor Pays Monthly Per Person	
Health Plan	%	\$
Fallon Senior Plan	50%	151.07
Harvard Pilgrim Medicare Enhance	50%	196.12
Health New England MedPlus	50%	180.48
Tufts Health Plan Medicare Complement	50%	176.96
Tufts Health Plan Medicare Preferred*	50%	137.80
UniCare State Indemnity Plan/Medicare Extension (OME) <i>with</i> CIC (Comprehensive)	50%	201.99
UniCare State Indemnity Plan/Medicare Extension (OME) <i>without</i> CIC (Non-Comprehensive)	50%	196.74

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